



Administrative Database Update Sheet

****Submit within 15 days of working group's conclusion****

****USE EDITABLE BOXES TO UPDATE INFORMATION****

Use adobe reader for proper calculations. Do not use preview (Mac)

Project Leader: _____

Event Dates: _____ - _____

Name: _____

Publications and other Products from NCEAS Activities: NCEAS-related products (e.g. journal articles, datasets, presentations, popular press items, books) that are in prep, in review or published. NCEAS can help with press exposure, and we find your updates on upcoming works very useful!

If you need more space for products, you can email your list of products to survey@nceas.ucsb.edu. NCEAS-related products can also be reported at <http://nceas.ucsb.edu/results>.

Contact and Affiliation Information:

Department: _____

Institution: _____

Update type here if applicable

| | |
|----------------|-------------------------------|
| Academic | Private Organization |
| Federal Agency | Non-Governmental Organization |
| State Agency | Other |

Address: _____

City: _____

State: _____

Zip: _____

Country: _____

Email Address: _____

Telephone: _____

Personal Information

Citizenship and Country: _____

US Citizens Non-US citizens Perm. Res of US Country: _____

Highest Degree and Year: _____

update here if applicable Doctorate Master Bachelor High School Other

Year _____

Societies and Memberships: _____

update here if applicable

Demographic Information:

NCEAS collects demographic information on our participants for internal and NSF reporting purposes. Please take a couple of minutes to fill out the following **survey**. This information will be kept confidential. If you have already completed the form, please disregard.

NCEAS Reimbursement Worksheet

Use adobe reader for proper calculations. Do not use preview (Mac)

Project Leader: _____

Event Dates: _____

Name: _____

E-mail Address: _____

Department: _____

Institution: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Country:** _____

Mailing Address (reimbursement will be sent to this address) **Payments made to an institution require an invoice**

Yes No Are you a UCSB Employee (Meal reimbursement restrictions apply. See meals worksheet for more info)
Yes No Are you a US citizen? If no, **complete foreign travel forms and provide copies of documents while at NCEAS. Permanent US residents need to provide copy of a resident card.**

Preferred method of payment:

Check (Will be sent to the address above)

(Foreign bank accounts only. Please fill out wire form)

Travel Dates

Currency: _____

Departure from your home: Date (MM/DD/YY) _____ Time (hh:mm am/pm) _____

Return to your home: Date (MM/DD/YY) _____ Time (hh:mm am/pm) _____

Personal time (if any specify dates & time) _____

If you did not travel directly between your home and NCEAS, please explain and attach supporting documents

Meals and Incidentals (no receipts needed for Non-UCSB participants)

Complete the Meal Reimbursement Worksheet on Page 3 (will automatically fill) \$ _____

Lodging

Did NCEAS pay the hotel directly for your stay? Yes No

If no, at which hotel did you stay? (Itemized receipt required) _____ \$ _____

Transportation (Original, itemized receipts required for transportation costs)

Did NCEAS pay directly for your airfare? Yes No

If no, attach original itinerary or passenger receipt showing proof of payment. \$ _____

Private Car: License Plate number _____ Mileage _____ X _____ \$ _____

Does your car have liability insurance? Yes No ****Map required to substantiate mileage claimed****

Bus/Shuttle \$ _____ Train/Rail \$ _____ Taxi \$ _____ Parking \$ _____

Other Expenses \$ _____ Explain _____

Reimbursements from other sources (Please list the organization, what they are reimbursing, and how much)

Estimated Reimbursement (will automatically fill) _____ **SSSSSSSS**

I certify that the expenses claimed above were incurred by me on official university business on the dates indicated.

Signature: _____

Date: _____

Submit packet within 15 business days of working group's conclusion. E-mail signed form and documentation to reimbursements@nceas.ucsb.edu. Packets sent electronically require e-mail certification. Travel coordinator will send e-mail certification when packet has been reviewed. **Please choose one method of submission.**

